

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10 / 567 452	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.					5				
TOTAL DEP.					64				
TOTAL CLAIMS					69				
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
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